

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Mo.Registration District No. 1123Township CarondeletPrimary Registration District No. 6248CCity St. Louis807 Dammert Ave.File No. 4448
Registered No. 35 Ward 12. FULL NAME George Hoernschmeyer Jr.(a) Residence, No. 807 Dammert Ave. St. 1 Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 31 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

7724day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.School Boy9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.St. Andrew's School10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis Mo.

FATHER

13. NAME

George Hoernschmeyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis Mo.

MOTHER

15. MAIDEN NAME

Elna Eckerle16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis Mo.17. INFORMANT
(ADDRESS)George Hoernschmeyer
807 Dammert Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive Cemt. DATE Jan. 26 193719. UNDERTAKER
(ADDRESS)Fendler Und. Co.
744 LeMay Ferry Rd.

20. FILED

Jan. 26, 1937G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 23, 1937, to Jan. 23, 1937.I last saw him alive on Jan. 23, 1937. Death is saidto have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

7Other contributory causes of importance:
Chronic Endocarditis (Rheumatic)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph A. Stanley, M. D.

(Address)

7602 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

